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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages **13**]
(preferred arrangement set forth below)
 - Descriptive title of the invention **In Swedish**
 - Cross Reference to Related Applications
 - Statement Regarding Fed Sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets **6**]
]
5. Oath or Declaration [Total Pages **19**]
 a. Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-Part (CIP)

of prior application No. _____ / _____

Prior application information. Examiner _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 6b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	Insert Customer No. or Attach Bar Code Label Here			or <input type="checkbox"/> Correspondence address below
Name	Bo Bengtsson			
Address	C/o P. Glaser			
City	Bäverns gränd 18 B, 1tr			
Country	Uppsala	State	Zip Code	753 19
	SWEDEN	Telephone	+46-18-710411 Fax 1-734-758-2633 (USA)	

Name (Print/Type)	Registration No. (Attorney/Agent)
Signature	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Attorney Docket No. _____

First Inventor _____

Title _____

Express Mail Label No. _____

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)a. Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. CD-ROM or CD-R (2 copies); orii. paperc. Statements verifying identity of above copies**ACCOMPANYING APPLICATION PARTS**

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other: _____

U.S. PTO
10/24/01
10/24/01
10/24/01

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FEET TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

 Charge Any Additional Fee Required

Under 37 CFR 1.16 and 1.17

 Applicant claims small entity status

See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
101	710	201	355	Utility filing fee
106	320	206	160	Design filing fee
107	490	207	245	Plant filing fee
108	710	208	355	Reissue filing fee
114	150	214	75	Provisional filing fee

Fee Paid

355

SUBTOTAL (1) (\$ 355)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
11	-20** =	0	X	0
2	3** =	0	X	
Multiple Dependent				

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description		
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 355)

*or number previously paid, if greater. For Reissues, see above

Complete if Known

Application Number	
Filing Date	
First Named Inventor	
Examiner Name	
Group Art Unit	
Attorney Docket No.	

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	130	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
125	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
160	900	169	900
Other fee (specify) _____			SUBTOTAL (3) (\$ 485)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 485)

Complete if applicable

Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone
Signature		Date

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